### <u>UPDATED APPLICATION DATA SHEET</u>

#### **Application Information**

Application number:: 10/016,706

Filing Date:: December 11, 2001

Application Type:: Regular

Subject Matter:: Utility

Suggested classification:: N/A

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs:: N/A

Sequence submission?:: N/A

Computer Readable Form (CRF)?:: N/A

Number of copies of CRF:: N/A

Title :: Biomaterial Based On An Insolubilised

Dextran Derivative And a Growth Factor

Attorney Docket Number:: 7594/84862

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?;; Yes

Latin name:: N/A

Variety denomination name:: N/A

Petition included?:: N/A

Petition Type:: N/A

Licensed US Govt. Agency:: N/A

Contract or Grant Numbers:: N/A

Secrecy Order in Parent Appl.?:: N/A

**Applicant Information** 

Applicant First Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Cinderella

Middle Name:: N/A

Family Name:: BLANCHAT

Name Suffix:: N/A

City of Residence:: Margency

State or Province of Residence:: France

Country of Residence:: France

Street of mailing address:: 5, rue Paul Doumer

City of mailing address:: Margency

State or Province of mailing address:: France

JUL. 15. 2005 3:59PM

Country of mailing address::

France

Postal or Zip Code of mailing address::

F-95580

**Applicant Second Authority Type::** 

Inventor

**Primary Citizenship Country::** 

France

Status::

Full Capacity

Given Name::

Delphine

Middle Name::

N/A

Family Name::

LOGEART-AVRAMOGLOU

Name Suffix::

N/A

City of Residence::

Groslay

State or Province of Residence::

France

Country of Residence::

France

Street of mailing address::

1B, rue Jules Vincent

City of mailing address::

Groslay

State or Province of mailing address::

France

Country of mailing address::

France

Postal or Zip Code of mailing address::

F-95410

Applicant Third Authority Type::

Inventor

Primary Citizenship Country::

France

Status::

**Full Capacity** 

Given Name::

Hervé

Mi	서시	حا	Ma	m	Δ

Family Name:: PETITE

Name Suffix:: N/A

City of Residence:: Paris

State or Province of Residence:: France

Country of Residence:: France

Street of mailing address:: 5, Cité Griset

City of mailing address:: Paris

State or Province of mailing address:: France

Country of mailing address:: France

Postal or Zip Code of mailing address:: F-75011

Applicant Fourth Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:; Alain

Middle Name:: N/A

Family Name:: MEUNIER

Name Suffix::

City of Residence:: Saint-Mandé

State or Province of Residence: France

Country of Residence:: France

Street of mailing address::

19, rue Plisson

City of mailing address::

Saint-Mandé

State or Province of mailing address::

France

Country of mailing address::

France

Postal or Zip Code of mailing address::

F-94160

Applicant Fifth Authority Type::

Inventor

Primary Citizenship Country::

France

Status::

Full Capacity

Given Name::

Frédéric

Middle Name::

N/A

Family Name::

CHAUBET

Name Suffix::

N/A

City of Residence::

Eaubonne

State or Province of Residence::

France

Country of Residence::

France

Street of mailing address::

4, rue de Bois-Jacques

City of mailing address::

Eaubonne

State or Province of mailing address::

France

Country of mailing address::

France

Postal or Zip Code of mailing address::

F-95600

Applicant Sixth Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Jacqueline

Middle Name:: N/A

Family Name:: JOZEFONVICZ

Name Suffix::

City of Residence:: Lamorlaye

State or Province of Residence:: France

Country of Residence:: France

Street of mailing address:: 65, Deuxiéme Avenue

France

City of mailing address:: Lamorlaye

\_

Country of mailing address:: France

State or Province of mailing address::

Postal or Zip Code of mailing address:: F-60260

Applicant Seven Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Marcel

Middle Name:: N/A

Family Name:: JOZEFOWICZ

Name Suffix:: N/A

City of Residence:: Lamorlaye

State or Province of Residence:: France

Country of Residence: France

Street of mailing address:: 65, Deuxième Avenue

City of mailing address:: Lamorlaye

State or Province of mailing address:: France

Country of mailing address:: France

Postal or Zip Code of mailing address:: F-60260

Applicant Eighth Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:; Laurent

Middle Name:: N/A

Family Name:: SEDEL

Name Suffix:: N/A

City of Residence:: Jouy en Josas

State or Province of Residence:: France

Country of Residence:: France

Street of mailing address::

4, chemin de la Cour Roland

City of mailing address:: Jouy en Josas

State or Province of mailing address::

France

Country of mailing address::

France

Postal or Zip Code of mailing address::

F-78350

Applicant Ninth Authority Type::

Inventor

**Primary Citizenship Country::** 

France

Status::

**Full Capacity** 

Given Name::

José

Middle Name::

N/A

Family Name::

**CORREIA** 

Name Suffix::

N/A

City of Residence::

Saint Amand Les Eaux

State or Province of Residence::

France

Country of Residence::

France

Street of mailing address::

1184, route de Lille

City of mailing address::

Saint Amand Les Eaux

State or Province of mailing address::

France

Country of mailing address::

France

Postal or Zip Code of mailing address::

F-59230

Corres	pondence	Information
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Name:: Welsh & Katz, Ltd.

Street of mailing address:: 120 South Riverside Plaza, 22nd Floor

City of malling address:: Chicago

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address:: 60606-3945

Phone number: 312-655-1500

Fax Number: 312-655-1501

E-Mail address:: twtdocket@WelshKatz.com

### Representative Information

Representative Customer Number:	24628

# **Domestic Priority Information**

Application::	Continuity Type:	Parent Application::	Parent Filing Date::

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

## **Assignee Information**

Assignee name::

BIODEX

Street of mailing address::

637, rue Des Aulnoix

City of mailing address::

St Amand Les Eaux

State or Province of mailing address::

France

Country of mailing address::

France

Postal or Zip Code of mailing address::

59230